

## UCC Data Information System Access Policy and Instructions

115.400        Inasmuch as many of the UCC records filed in the Secretary of State's Office contain Social Security Numbers, Tax Payer Identification Numbers and other sensitive personal information, the Secretary of State's Office restricts electronic access to records or portions of records in the UCC Data Information System. The purpose of this rule is to outline policies and procedures regulating electronic access to the UCC Data Information System.

115.401        Users requesting electronic access to records in the UCC Data Information System must complete a subscription form demonstrating a legitimate business need for unrestricted access to records of UCC liens and/or Food Security Act liens filed in the system.

115.401.1      The subscription form shall contain a confidentiality agreement covering the non-disclosure of Social Security Numbers, Tax Payer Identification Numbers and other sensitive personal information found in the UCC Data Information System

115.401.2      Parties not demonstrating a legitimate business need for electronic access to the records in the UCC Data Information System shall not be permitted to access the records electronically, but may submit UCC Search Request and Request for Copies on UCC Form 11. Parties whose applications are approved will be provided with an appropriate user name and password.

115.401.3      Subscription of users who violate terms of the confidentiality agreement will have their subscription cancelled. Fees on cancelled subscriptions will be refunded.

115.402        The completed and signed subscription form must be submitted to the Secretary of State's Office at the following address:

Secretary of State  
Office of Business Services  
P. O. Box 136  
Jackson, Mississippi 39205-0136

together with a cover letter on business stationary and a business check for the subscription fee.

115.403        The fees for unrestricted access to the UCC Data Information System and Image Vault are as follows:

115.403.1 UCC Internet Search Database and Image Vault  
containing all UCC documents and other records filed in the UCC Data  
Information System. Annual Fee \$250.00.  
Additional Users Annual Fee 100.00 each

115.403.2 Central Filing Office Internet Search Database and  
Image Vault containing UCC 1F and UCC 3F Financing Statements covering  
farm products. Annual Fee \$100.00.

115.403.3 UCC Data Information System and Image Vault  
bulk data transfer and updates. Annual Fee \$1,500.00.

115.404 Appendix of Forms

115.404.1 UCC Filing Office Subscriber Registration Form  
and Agreement.

115.404.2 Central Filing Office Subscriber Registration Form  
and Agreement.

115.404.3 UCC Data Information System and Image Vault  
Bulk Data Subscription Form and Agreement.

115.405 Reserved

Eric Clark  
Secretary of State  
Post Office Box 136  
Jackson, Mississippi 39205-013  
Telephone (601) 359-1633

**CENTRAL FILING OFFICE SUBSCRIBER REGISTRATION FORM AND AGREEMENT**

Application by commodity broker for registration and access to records of crop and livestock liens filed with the Central Filing Office under the Food Security Act.

Subscriber/Registrant Business Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person for Subscriber Registrant: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address (Required for Internet Access): \_\_\_\_\_

The Secretary of State's Office restricts access to the Central Filing Registry and UCC Image Vault as some images contain Social Security Numbers, Taxpayer ID numbers and other sensitive personal information. Electronic Access is only granted to organizations or persons having a demonstrated business use or need to the information. The information below is requested to assist us in determining your eligibility for electronic access. Redacted copies of UCC documents are also available by filing a UCC Copy request on UCC Form 11.

Subscriber/Registrant Type: ☐ Buyer ☐ Commission Merchant ☐ Selling Agent ☐ Other

What is your interest in receiving a list of liens? List business purposes:

Government agency or professional group that regulates subscriber, if any: \_\_\_\_\_

Other professional or trade associations \_\_\_\_\_

Type of List/Service Requested:

1. For lists, how listed ☐ Debtor Name ☐ Tax Identification Number

2. ☐ MASTER LIST - All Farm Products for the entire state. (Note internet access is for the entire database and covers all crops and all counties.)

3. ☐ SPECIFIC LIST - Selected Collateral: [\_\_\_\_\_] (See Appendix "C")

I only want the list from the counties listed below: (See Appendix "B")

Media for Lists:

☐ Internet Access Master List (Unlimited Standard Reports \$100 Annual Fee. Annual subscription renewal required.)

Specific List ☐ Paper (\$2 per page of report) ☐ Compact Disk (\$25 per CD)

Lists on paper are prepared only on request. CD's are issued monthly

I, the duly authorized representative of the named subscriber do hereby certify that the information above is true and correct. I understand that this subscription service registration may provide access to debtors' Social Security Numbers, Taxpayer Identification Numbers and other sensitive personal information. Subscriber agrees that it will not disclose Social Security Numbers, Taxpayer Identification Numbers and/or other sensitive personal information obtained from the Central Filing Registry, UCC Image Vault or any documents contained therein to any person or other organization without the express written consent of the debtor. Subscriber further agrees to indemnify and hold harmless the Secretary of State's Office and the State of Mississippi for any claims arising out of disclosure of Social Security Numbers, Taxpayer Identification Numbers or other sensitive personal information obtained from the Central Filing Registry or UCC Image Vault and which may be attributable to Subscriber or its employees, agents, or assigns.

Name of Subscriber: \_\_\_\_\_

By: \_\_\_\_\_  
SIGNATURE TITLE

State of \_\_\_\_\_ County of \_\_\_\_\_

Personally appeared before me, the undersigned authority in and for the said county and state, on this the \_\_\_\_ day of 20\_\_, the within named affiant, who, after being duly sworn, acknowledged that he is the duly authorized representative of the subscriber, and for and on behalf of said subscriber executed the above and foregoing subscription registration form.

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_



Eric Clark  
Secretary of State  
Post Office Box 136  
Jackson, Mississippi 39205-013  
Telephone (601) 359-1633

## UCC FILING OFFICE SUBSCRIBER REGISTRATION FORM AND AGREEMENT

Application by lender/attorney or other authorized searcher for access to restricted electronic UCC Image Vault.

Subscriber/Business Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person for Subscriber: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address (Required): \_\_\_\_\_

The Secretary of State's Office restricts access to the UCC Image Vault as some images contain Social Security Numbers, Taxpayer ID numbers and other sensitive personal information. Electronic Access is only granted to organizations or persons having a demonstrated business use or need for the information. The information below is requested to assist us in determining your eligibility for electronic access. Redacted copies of UCC documents are also available by filing a UCC Copy request on UCC Form 11.

Subscriber/Type: ☐ Bank ☐ Consumer Finance Company ☐ Attorney ☐ Other \_\_\_\_\_

What is your interest in receiving a list of liens? List business purposes:

Government agency or professional group that regulates subscriber, if any: \_\_\_\_\_

Other professional or trade associations' \_\_\_\_\_

I, the duly authorized representative of the named subscriber, do hereby certify that the information above is true and correct. I understand that this service may provide access to debtors' Social Security Numbers, Taxpayer Identification Numbers and/or sensitive personal information. Subscriber agrees that it will not disclose Social Security Numbers, Taxpayer Identification Numbers and other sensitive personal information obtained from the UCC Image Vault or any documents contained therein to any person or other organization without the express written consent of the debtor. Subscriber further agrees to indemnify and hold harmless the Secretary of State's Office and the State of Mississippi for any claims arising out of the disclosure of Social Security Numbers, Taxpayer Identification Numbers or other sensitive personal information obtained from the UCC Image Vault and which may be attributable to Subscriber or its employees, agents or assigns.

Name of Business/Subscriber: \_\_\_\_\_

By: \_\_\_\_\_  
SIGNATURE TITLE

State of \_\_\_\_\_  
County of \_\_\_\_\_

Personally appeared before me, the undersigned authority in and for the said county and state, on this the \_\_\_\_ day of 20\_\_, the within named affiant, who, after being duly sworn, acknowledged that he is the duly authorized representative of the subscriber, and for and on behalf of said subscriber executed the above and foregoing subscription registration form.

\_\_\_\_\_  
Notary Public My Commission expires: \_\_\_\_\_